

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	37,275.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	37,275.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	20,056.16
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	4,227,681.00
Your total liabilities		\$ 4,247,737.16

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	1,647.10
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	4,840.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 179,500.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 179,500.00

Fill in this information to identify your case and this filing:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: **JEEP**
 Model: **WRANGLER**
 Year: **2010**
 Approximate mileage: **95,000**
 Other information:
(VIN: 1J4BA3H18AL179838)(POOR CONDITION, MECHANICAL ISSUES)

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$10,500.00

\$10,500.00

3.2 Make: **CHEVROLET**
 Model: **SUBURBAN LS SPORT UTILITY**
 Year: **2015**
 Approximate mileage: **145,000**
 Other information:
(VIN: 1GNSKHEC1FR250475)(KELLEY BLUE BOOK PRIVATE PARTY VALUE, FAIR CONDITION)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$14,312.00

\$14,312.00

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☒ Yes

4.1 Make: **STAR**
Model: **TRAVEL TRAILER**
Year: **2003**

Other information:

23' TRAVEL TRAILER (VIN: 1SABS02J531ED7122)(NADA VLAUE, FAIR CONDITION)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$3,500.00

\$3,500.00

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$28,312.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS, FURNISHINGS

\$2,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

4 - TELEVISIONS; 2 - CELL PHONES

\$850.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe.....

2 - BICYCLES, GOLF CLUBS

\$225.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☐ No
☒ Yes. Describe.....

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

FNH 9MM HANDGUN; REMINGTON 243 RIFLE

\$600.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

WEARING APPAREL, CLOTHING

\$200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

WEDDING RING, COSTUME JEWELRY

\$500.00

WEDDING RING

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

PET DOG

\$25.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$4,600.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

CASH ON HAND

\$100.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. CHECKING

ROYAL CREDIT UNION, ACCT. 5224

\$10.00

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**Case number (if known) **1-19-13897**17.2. **CHECKING** **ROYAL CREDIT UNION, ACCT. 9309** **\$1.00****18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

LMLC HOLDINGS, INC.**29.125** %**\$1.00****LMLC HOLDINGS, INC.****29.125** %**\$1.00****LMLC FRANCHISING, LLC, WHOLLY OWNED BY
LMLC HOLDINGS, INC.**

%

\$0.00**LMLC MANAGEMENT, LLC - WHOLLY OWNED
BY LMLC HOLDINGS, INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER, LLC -
WHOLLY OWNED BY LMLC HOLDINGS, INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER - RIVER
FALLS, LLC - 51% OWNED BY LMLC HOLDINGS,
INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER -
ONALASKA, LLC - WHOLLY OWNED BY LMLC
HOLDINGS, INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER -
LITTLETON, LLC - 51% OWNED BY LMLC
HOLDINGS, INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER - HOLMEN,
LLC - WHOLLY OWNED BY LMLC HOLDINGS,
INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER - OMAHA,
LLC - 51% OWNED BY LMLC HOLDINGS, INC.**

%

\$0.00**LITTLE MINDS LEARNING CENTER - CHICAGO,
LLC - 51% OWNED BY LMLC HOLDINGS, INC.**

%

\$0.00**SCONNIES, LLC****100** %**\$0.00**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

OKOCA, LLC	100	%	\$0.00
LITTLE MINDS LEARNING CENTER - GILBERT, LLC - WHOLLY OWNED BY LMLC HOLDINGS, INC.		%	\$0.00
LITTLE MINDS LEARNING CENTER - RALSTON, LLC - WHOLLY OWNED BY LMLC HOLDINGS, INC.		%	\$0.00
LITTLE MINDS LEARNING CENTER - WOODBURY, LLC - 51% OWNED BY LMLC HOLDINGS, INC.		%	\$0.00
LMLC LEARNING AND DEVELOPMENT, LLC - WHOLLY OWNED BY LMLC HOLDINGS, INC.		%	\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes.

Institution name or individual:

SECURITY DEPOSIT

**RIVERBEND RENTALS & PROPERTY
MANAGEMENT**

\$3,500.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information..

RIGHT TO RECEIVE EARNED AND UNPAID WAGES

\$750.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

TERM LIFE INSURANCE

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim.....

ILLINOIS DEPARTMENT OF HUMAN SERVICES - EARLY CHILDHOOD LICENSING

Unknown

GINA GATES, ILLINOIS DCFS LICENSOR

Unknown

COLORADO DEPARTMENT OF HUMAN SERVICES - EARLY CHILDHOOD LICENSING

Unknown

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

EARL JONES - IBEX COLLECTOR	Unknown
ZIMMERMAN LAW	Unknown
NICOLE NOESK	Unknown
SEPIDEH NOEKEH	Unknown
FOROUD SHAREGH	Unknown
ARION LLC	Unknown
MBM PLUS LLC	Unknown
DANIELLE GALVAN	Unknown
KAMELI LAW	Unknown
TAHER KAMELI	Unknown
AHMED AMAAR	Unknown
YUNCHENG WANG	Unknown
JOHN FLOSS	Unknown
SARA VISERI	Unknown
ROB MORAUD	Unknown
FARNAK MOSHIN	Unknown
YASEEN JAFFER	Unknown
MOHAMED JAFFER	Unknown
MM EDUCATION LLC	Unknown
US BANK, SANDRA JENKINS	Unknown

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

DEAN KELLY	Unknown
NORTH STAR COMMERCIAL PARTNERS	Unknown
BRIAN WATSON	Unknown
DON MARCOTTE	Unknown
TRINA SANDLIE	Unknown
DEVIN BOX	Unknown
CHRIS ZEMPEL	Unknown
LYNETTE DYCK	Unknown
TORY DYCK	Unknown
ZEMPEL DYCK LLC	Unknown
RAY MERTENS	Unknown
TIM BINNING	Unknown
BEN CALL/RICK HANSEN	Unknown
ALI MOMIN	Unknown
AMIN AASER	Unknown
MOHAMMAD AASER	Unknown
CHRIS WINSLOW	Unknown
ARIAN LLC	Unknown
FERIDOON KARAMAT PANAH	Unknown
AYLIN AND RAMTIN LLC	Unknown

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

ALI KASHI	Unknown
ARSHIDA LLC	Unknown
MORTEZA KARAMI	Unknown
DORNA TJ LLC	Unknown
DORNA TAJKARIMI	Unknown
JASMINROSE LLC	Unknown
ALI FANI	Unknown
KIA & KAT LLC	Unknown
SIAVASH KHOSRAVI	Unknown
KU LLC	Unknown
MADHI GHOFRANI	Unknown
RGH LLC	Unknown
MOJTABA GHOFRANI	Unknown
LMLC NORTH CHICAGO LLC	Unknown
MARYAM MANSOURI	Unknown
DON WHITE	Unknown
LEE WOLFGRAM	Unknown
KARLA STEWART, ILLINOIS DCFS LICENSOR	Unknown
LAURE JONES, ILLINOIS DCFS LICENSOR	Unknown
PIMAL PATEL	Unknown

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

JOHN ROSS

Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$4,363.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$28,312.00	
57. Part 3: Total personal and household items, line 15	\$4,600.00	
58. Part 4: Total financial assets, line 36	\$4,363.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$37,275.00	Copy personal property total \$37,275.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$37,275.00

Fill in this information to identify your case:

Debtor 1	TODD ALLEN BARNHARDT		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	STACY RENE BARNHARDT		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN		
Case number (if known)	1-19-13897		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2010 JEEP WRANGLER 95,000 miles (VIN: 1J4BA3H18AL179838)(POOR CONDITION, MECHANICAL ISSUES) Line from <i>Schedule A/B</i> : 3.1	\$10,500.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2010 JEEP WRANGLER 95,000 miles (VIN: 1J4BA3H18AL179838)(POOR CONDITION, MECHANICAL ISSUES) Line from <i>Schedule A/B</i> : 3.1	\$10,500.00	<input checked="" type="checkbox"/> \$6,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2015 CHEVROLET SUBURBAN LS SPORT UTILITY 145,000 miles (VIN: 1GNSKHEC1FR250475)(KELLEY BLUE BOOK PRIVATE PARTY VALUE, FAIR CONDITION) Line from <i>Schedule A/B</i> : 3.2	\$14,312.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2003 STAR TRAVEL TRAILER 23' TRAVEL TRAILER (VIN: 1SABS02J531ED7122)(NADA VLAUE, FAIR CONDITION) Line from <i>Schedule A/B</i> : 4.1	\$3,500.00	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**Case number (if known) **1-19-13897**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
HOUSEHOLD GOODS, FURNISHINGS Line from Schedule A/B: 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
4 - TELEVISIONS; 2 - CELL PHONES Line from Schedule A/B: 7.1	\$850.00	<input checked="" type="checkbox"/> \$850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
2 - BICYCLES, GOLF CLUBS Line from Schedule A/B: 9.1	\$225.00	<input checked="" type="checkbox"/> \$225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
FNH 9MM HANDGUN; REMINGTON 243 RIFLE Line from Schedule A/B: 10.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
WEARING APPAREL, CLOTHING Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
WEDDING RING, COSTUME JEWELRY Line from Schedule A/B: 12.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
WEDDING RING Line from Schedule A/B: 12.2	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
PET DOG Line from Schedule A/B: 13.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
CASH ON HAND Line from Schedule A/B: 16.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
CHECKING: ROYAL CREDIT UNION, ACCT. 5224 Line from Schedule A/B: 17.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
CHECKING: ROYAL CREDIT UNION, ACCT. 9309 Line from Schedule A/B: 17.2	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
LMLC HOLDINGS, INC. 29.125 % ownership Line from Schedule A/B: 19.1	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
LMLC HOLDINGS, INC. 29.125 % ownership Line from Schedule A/B: 19.2	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
SECURITY DEPOSIT: RIVERBEND RENTALS & PROPERTY MANAGEMENT Line from Schedule A/B: 22.1	\$3,500.00	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
RIGHT TO RECEIVE EARNED AND UNPAID WAGES Line from Schedule A/B: 30.1	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 GM FINANCIAL <small>Creditor's Name</small>	\$20,056.16	\$14,312.00	\$5,744.16
Describe the property that secures the claim: 2015 CHEVROLET SUBURBAN LS SPORT UTILITY 145,000 miles (VIN: 1GNSKHEC1FR250475)(KELLEY BLUE BOOK PRIVATE PARTY VALUE, FAIR CONDITION)			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____ Last 4 digits of account number 8175			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$20,056.16

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$20,056.16

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	COLORADO DEPARTMENT OF WORKFORCE UNEEMPLOYMENT INS 251 EAST 12TH AVENUE DENVER, CO 80203 <small>Number Street City State Zip Code</small>	Last 4 digits of account number Unknown	\$0.00	\$0.00
	Priority Creditor's Name	When was the debt incurred?		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify STATE UNEEMPLOYMENT TAX		

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

2.2

COLORADO DEPARTMENT OF LABOR

Priority Creditor's Name
**633 - 17TH STREET, SUITE 201
DENVER, CO 80202**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

2.3

COLORADO DEPARTMENT OF REVENUE

Priority Creditor's Name
**1881 PIERCE STREET
DENVER, CO 80214**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

INDIVIDUAL INCOME TAX

2.4

ILLINOIS DEPARTMENT OF

Priority Creditor's Name
**WORKFORCE UNEMPLOYMENT
INS
2 SMOKETREE PLAZA
NORTH AURORA, IL 60542**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

STATE UNEMPLOYMENT TAX

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

2.5

ILLINOIS DEPARTMENT OF REVENUE

Priority Creditor's Name

PO BOX 19035

SPRINGFIELD, IL 62794-9035

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

STATE WITHHOLDING TAX

2.6

INDIANA DEPARTMENT OF REVENUE

Priority Creditor's Name

PO BOX 7222

INDIANAPOLIS, IN 46207-7222

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

STATE WITHHOLDING TAX

2.7

INDIANA DEPT OF ECONOMIC SEC

Priority Creditor's Name

10 NORTH SENATE AVENUE

INDIANAPOLIS, IN 46204

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

STATE UNEMPLOYMENT TAX

Case number (if known) **1-19-13897**

2.1 0	MINNESOTA REVENUE Priority Creditor's Name PO BOX 64054 ST. PAUL, MN 55164-0054 Number Street City State Zip Code	Last 4 digits of account number _____ Unknown	\$0.00	\$0.00
When was the debt incurred? <u>2017 AND 2018</u>				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent				
<input checked="" type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input type="checkbox"/> Other. Specify _____				
WITHHOLDING TAXES				

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

2.1
1

**MN DEPARTMENT OF
WORKFORCE**

Priority Creditor's Name
**DEVELOPMENT
UNEMPLOYMENT INS
332 MINNESOTA STREET
SUITE E200
ST. PAUL, MN 55101**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

STATE UNEMPLOYMENT TAX

2.1
2

**NEBRASKA DEPARTMENT OF
LABOR**

Priority Creditor's Name
**550 SOUTH 16TH STREET
LINCOLN, NE 68508**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

2.1
3

**NEBRASKA DEPARTMENT OF
REVENUE**

Priority Creditor's Name
**1313 FARNAM STREET
SUITE 10
OMAHA, NE 68102**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

STATE WITHHOLDING TAX

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

2.1
4

**NEBRASKA DEPT OF
UNEMPLOYMENT**

Priority Creditor's Name
**550 SOUTH 16TH STREET
LINCOLN, NE 68508**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

STATE UNEMPLOYMENT TAX

2.1
5

US DEPARTMENT OF LABOR

Priority Creditor's Name
**200 CONSTITUTION AVENUE
WASHINGTON, DC 20210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

2.1
6

WI DEPARTMENT OF LABOR

Priority Creditor's Name
**201 EAST WASHINGTON
AVENUE
SUITE A300
MADISON, WI 53703**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Unknown** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Case number (if known) **1-19-13897**

<div>2.1 8</div>	WISCONSIN DEPARTMENT OF REVENUE		Last 4 digits of account number _____		Unknown	\$0.00	\$0.00
	Priority Creditor's Name						
	PO BOX 8966		When was the debt incurred? 2017				
	MADISON, WI 53708-8966						
	Number Street City State Zip Code						
Who incurred the debt? Check one.							
<input type="checkbox"/> Debtor 1 only							
<input type="checkbox"/> Debtor 2 only							
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only							
<input type="checkbox"/> At least one of the debtors and another							
<input type="checkbox"/> Check if this claim is for a community debt							
Is the claim subject to offset?							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes							
As of the date you file, the claim is: Check all that apply							
<input type="checkbox"/> Contingent							
<input checked="" type="checkbox"/> Unliquidated							
<input type="checkbox"/> Disputed							
Type of PRIORITY unsecured claim:							
<input type="checkbox"/> Domestic support obligations							
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government							
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated							
<input type="checkbox"/> Other. Specify _____							
INDIVIDUAL INCOME TAX							

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.1	2000 LIVING TRUST Nonpriority Creditor's Name 225 SOUTH MAIN STREET SUITE 200 DECATUR, IL 62523 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
-----	--	---

4.2	4A LLC Nonpriority Creditor's Name 2260 SOUTHWIND BLVD BARTLETT, IL 60103 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
-----	--	---

4.3	ACME EYELET & STAMPING CO. Nonpriority Creditor's Name 1130 LAKE COOK ROAD SUITE 280 BUFFALO GROVE, IL 60089 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
-----	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.4	ADP Nonpriority Creditor's Name 8100 OLD CEDAR AVENUE SOUTH BLOOMINGTON, MN 55425 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
-----	---	---

4.5	ADVANT LLC Nonpriority Creditor's Name PO BOX 9183380 CHICAGO, IL 60691 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3665 \$11,430.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PERSONAL LOAN
-----	---	---

4.6	ALLTRAN COLLECTIONS Nonpriority Creditor's Name PO BOX 519 SAUK RAPIDS, MN 56379 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0624 \$6,840.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL SERVICES
-----	--	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.7	AMAA LLC / MOHMADALI MOMIN Nonpriority Creditor's Name C/O ALI MOMIN, ET AL. 470 IMPERIAL LANE OAKDALE, MN 55128 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$0.00
-----	--	---	---------------

4.8	ANNE LARSON REAL ESTATE LLC Nonpriority Creditor's Name SERIES 4314 SHERIDAN ROAD 2506 GALEN DRIVE SUITE 101 CHAMPAIGN, IL 61820 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES	\$1.00
-----	--	--	---------------

4.9	ARIAN LLC Nonpriority Creditor's Name C/O FERIDOON KARAMATPANAH 17 NORTH STATE STREET, SUITE 1700 CHICAGO, IL 60602 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1.00
-----	---	---	---------------

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.1
0

ARION, L.L.C.

Nonpriority Creditor's Name

**C/O DAVID C. HURST
BRUGGEMAN HURST & ASSOC, PC
20012 WOLF ROAD, SUITE 200
MOKENA, IL 60448**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$1.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
1

ARSHIDA LLC

Nonpriority Creditor's Name

**17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
2

ASSOCIATED BANK

Nonpriority Creditor's Name

**433 MAIN STREET
GREEN BAY, WI 54301**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.1 3	AYLIN & RAMTIN LLC Nonpriority Creditor's Name 17 NORTH STATE STREET, SUITE 1700 CHICAGO, IL 60602 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
----------	--	---

4.1 4	BANK OF THE WEST Nonpriority Creditor's Name C/O MS SERVICES, LLC 123 WEST 1ST STREET, SUITE 430 CASPER, WY 82601 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5054 \$1,197.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify BANK FEES
----------	---	--

4.1 5	BANK OF THE WEST Nonpriority Creditor's Name 3779 EVERGREEN PARKWAY EVERGREEN, CO 80439 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
----------	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 6</div>	<p>BB MAC</p> <p>Nonpriority Creditor's Name 1 WEST LAKE VILLAGE COUNCIL BLUFFS, IA 51501</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$78,773.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify LEASE GUARANTEE</p>
--	--	--

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 7</div>	<p>BILL MCVEY</p> <p>Nonpriority Creditor's Name 1 WEST LAKE VILLAGE COUNCIL BLUFFS, IA 51501</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COMMERCIAL REAL ESTATE LEASE GUARANTEE</p>
--	--	--

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 8</div>	<p>BUY SELL ACTION LLC</p> <p>Nonpriority Creditor's Name 4509 NORTH ILLINOIS STREET SUITE 1 SWANSEA, IL 62226</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES</p>
--	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.1 9	CAPCALL, LLC Nonpriority Creditor's Name 122 EAST 42ND STREET SUITE 2112 NEW YORK, NY 10168 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$65,976.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PERSONAL GUARANTEE
----------	---	---

4.2 0	CAPELLA UNIVERSITY Nonpriority Creditor's Name 225 SOUTH 6TH STREET MINNEAPOLIS, MN 55402 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3058 \$3,400.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify TUITION
----------	---	---

4.2 1	CAPITAL ONE SERVICES, LLC Nonpriority Creditor's Name PO BOX 70886 CHAROLETTE, NC 28272-9903 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6224 \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MERCHANDISE
----------	--	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 2</div>	<p>CAPITAL ONE, N.A.</p> <p>Nonpriority Creditor's Name PO BOX 71083 CHARLOTTE, NC 28272-1083</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3649 \$750.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify MERCHANDISE</p>
--	---	--

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 3</div>	<p>CAPITAL ONE, N.A.</p> <p>Nonpriority Creditor's Name PO BOX 71083 CHARLOTTE, NC 28272-1083</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3918 \$500.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify MERCHANDISE</p>
--	---	--

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 4</div>	<p>CARECREDIT / SYNCHRONY BANK</p> <p>Nonpriority Creditor's Name PO BOX 960061 ORLANDO, FL 32896-0061</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4905 \$540.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify MEDICAL SERVICES</p>
--	--	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.2 5	CENTURA KEYSTONE PARENT Nonpriority Creditor's Name C/O BC SERVICES, INC. PO BOX 1317 LONGMONT, CO 80502-1317 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7731 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$13.00
----------	---	---	----------------

4.2 6	CHARITY L. PURFEERST Nonpriority Creditor's Name 252 SOUTH APOLLO ROAD RIVER FALLS, WI 54022 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$0.00
----------	--	---	---------------

4.2 7	COMCAST Nonpriority Creditor's Name ONE COMCAST CENTER PHILADELPHIA, PA 19103 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8989 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify TELEPHONE SERVICES	\$225.00
----------	---	---	-----------------

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.2 8	CORITA SCHILLING Nonpriority Creditor's Name 1604 LYNN AVENUE ALTOONA, WI 54702 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
----------	---	---

4.2 9	CROSSROADS PROPERTY Nonpriority Creditor's Name 7300 HUDSON BLVD N SUITE 210 OAKDALE, MN 55128 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COMMERCIAL REAL ESTATE LEASE
----------	--	---

4.3 0	DEVIN BOX Nonpriority Creditor's Name 1639 MURPHY PARKWAY EAGAN, MN 55122 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
----------	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.3
1

DORNA TJ, LLC

Nonpriority Creditor's Name

**17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.3
2

EDRIC MANAGEMENT, INC.

Nonpriority Creditor's Name

**13955 SW 144TH STREET
MIAMI, FL 33186**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **COMMERCIAL REAL ESTATE LEASE GUARANTEE**

4.3
3

FORWARD FINANCING

Nonpriority Creditor's Name

**C/O DEDICATED COMMERCIAL
RECOVERY
1970 OAKCREST AVENUE, SUITE
217
ROSEVILLE, MN 55113**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$14,974.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **PERSONAL GUARANTEE**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.3 4	FRIDH CORPORATION Nonpriority Creditor's Name 1111 S ALPINE ROAD SUITE 101 ROCKFORD, IL 61108 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
----------	---	--

4.3 5	GENESIS FS CARD SERVICES Nonpriority Creditor's Name PO BOX 4477 BEAVERTON, OR 97076-4477 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3299 \$519.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MERCHANDISE
----------	---	--

4.3 6	GENWORTH LIFE AND ANNUITY Nonpriority Creditor's Name PO BOX 10720 LYNCHBURG, VA 24506-0720 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5635 \$417.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LIFE INSURANCE PREMIUM
----------	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.3 7	GREAT LAKES Nonpriority Creditor's Name PO BOX 7860 MADISON, WI 53707-7860 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6131 \$22,500.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
----------	--	--

STUDENT LOAN

4.3 8	GREAT LAKES Nonpriority Creditor's Name PO BOX 7860 MADISON, WI 53707-7860 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3058 \$157,000.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
----------	--	---

STUDENT LOANS

4.3 9	GREEN STREET REALY CO INC. Nonpriority Creditor's Name 510 SOUTH NIEL STREET CHAMGAIN, IL 61820 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$1.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
----------	---	--

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.4
0

GUSTO

Nonpriority Creditor's Name

**525 - 20TH STREET
SAN FRANCISCO, CA 94107**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4
1

IBEX FUNDING GROUP LLC

Nonpriority Creditor's Name

**323 KINGSTON AVENUE
BROOKLYN, NY 11213**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$12,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **PERSONAL GUARANTEE**

4.4
2

ILLINOIS DEPARTMENT OF LABOR

Nonpriority Creditor's Name

**160 NORTH LASALLE BOULEVARD
CHICAGO, IL 60601**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.4 3</div>	<p>INDIGO</p> <p>Nonpriority Creditor's Name PO BOX 23039 COLUMBUS, GA 31902</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3200 \$512.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify MERCHANDISE</p>
--	---	--

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.4 4</div>	<p>INTUIT QUICKBOOKS</p> <p>Nonpriority Creditor's Name 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
--	--	---

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.4 5</div>	<p>JAMES & ANNIE LLC</p> <p>Nonpriority Creditor's Name 2615 SOUTH EMERALD AVE APT 3F CHICAGO, IL 60616</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$1.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES</p>
--	---	--

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.4
6

JASMINROSE LLC

Nonpriority Creditor's Name

17 NORTH STATE STREET, SUITE 1700

CHICAGO, IL 60602

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4
7

JOSIE MARIE BROTH

Nonpriority Creditor's Name

1394 EVERGREEN DRIVE RIVER FALLS, WI 54022

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4
8

KIA & KAT, LLC

Nonpriority Creditor's Name

17 NORTH STATE STREET SUITE 1700

CHICAGO, IL 60602

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.4
9

KU LLC

Nonpriority Creditor's Name

17 NORTH STATE STREET, SUITE 1700

CHICAGO, IL 60602

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$1.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
0

LITTLE LINDS LEARNING CENTER -

Nonpriority Creditor's Name

ROCKFORD NORTH, LLC

17 NORTH STATE STREET, SUITE 1700

CHICAGO, IL 60602

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
1

LITTLE MINDS LEARING CENTER -

Nonpriority Creditor's Name

NAPERVILLE, LLC

17 NORTH STATE STREET, SUITE 1700

CHICAGO, IL 60602

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.5
2

LITTLE MINDS LEARNING CENTER -

Nonpriority Creditor's Name

**NORTH CHICAGO, LLC
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
3

**LITTLE MINDS LEARNING
CENTER-ONALASKA**

Nonpriority Creditor's Name

**LLC/MOHMADALI MOMIN
C/O ALI MOMIN, ET AL.
470 IMPERIAL LANE
OAKDALE, MN 55128**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.5
4

LMLC NAPERVILLE LLC

Last 4 digits of account number _____

\$1.00

Nonpriority Creditor's Name

**NORTHSTAR COMMERCIAL
PARTNERS
1999 BROADWAY
SUITE 3500
DENVER, CO 80202**

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

4.5
5

LMLC NORTH CHICAGO LLC

Last 4 digits of account number _____

\$1.00

Nonpriority Creditor's Name

**NORTHSTAR COMMERCIAL
PARTNERS
1999 BROADWAY
SUITE 3500
DENVER, CO 80202**

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.5 6	LMLC OF TEXAS, LLC Nonpriority Creditor's Name C/O STEVE WU 1717 MORNING GLORY DIRVE CORINTH, TX 76210 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
----------	--	---

4.5 7	LMLC ROCKFORD LLC Nonpriority Creditor's Name NORTHSTAR COMMERCIAL PARTNERS 1999 BROADWAY SUITE 3500 DENVER, CO 80202 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
----------	---	--

4.5 8	LOIS THOMAS Nonpriority Creditor's Name 813 GREY FAWN DRIVE OMAHA, NE 68154 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$50,000.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PROMISSORY NOTE
----------	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.5
9

MAIN AND VETERANS LLC

Nonpriority Creditor's Name
**1716 R.T. DUNN DRIVE
SUITE 4
BLOOMINGTON, IL 61701**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

4.6
0

MALCOM STRANGE DDS

Nonpriority Creditor's Name
**30960 STAGECOACH BLVD, SUITE
W-100
EVERGREEN, CO 80439**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$1,185.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **DENTAL SERVICES**

4.6
1

MARENGO AMBULANCE

Nonpriority Creditor's Name
**970 COURT AVENUE
MARENGO, IA 52301**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

1438

\$855.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.6
2

MASOUD SABET

Nonpriority Creditor's Name
9158 LARUEL PLAZA
OMAHA, NE 68134

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$1,700,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **PROMISSORY NOTE**

4.6
3

MEDHI SABET

Nonpriority Creditor's Name
9158 LARUEL PLAZA
OMAHA, NE 68134

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$578,759.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **PROMISSORY NOTE**

4.6
4

MM EDUCATION, LLC

Nonpriority Creditor's Name
C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE
560
HOUSTON, TX 77074

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.6
5

MOHAMED JAFFER

Nonpriority Creditor's Name

**C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE
560
HOUSTON, TX 77074**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$1.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.6
6

MOHAMMED RAEOUFF

Nonpriority Creditor's Name

**MAPLEWOOD LANE
AURORA, CO 80015**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$592,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **LEASE GUARANTEE**

4.6
7

NADIA LLC / NADIA AMOURA

Nonpriority Creditor's Name

**20020 MANDERSON CIRCLE
ELKHORN, NE 68022**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.6
8

NOUSHA SABET

Nonpriority Creditor's Name
9158 LAUREL PLAZA
OMAHA, NE 68134

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.6
9

ONEMAIN FINANCIAL

Nonpriority Creditor's Name
PO BOX 64
EVANSVILLE, IN 47701-0064

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8722**

\$6,220.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MERCHANDISE**

4.7
0

PAYPAL / SYNCHRONY BANK

Nonpriority Creditor's Name
PO BOX 960006
ORLANDO, FL 32896-0006

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9206**

\$1,344.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MERCHANDISE**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.7 1	PAYPAL / SYNCHRONY BANK Nonpriority Creditor's Name PO BOX 960006 ORLANDO, FL 32896-0006 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9626 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PERSONAL LOAN	\$1,923.00
----------	--	--	-------------------

4.7 2	PAYPAL / SYNCHRONY BANK Nonpriority Creditor's Name PO BOX 960006 ORLANDO, FL 32896-0006 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9215 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PERSONAL LOAN	\$1,108.00
----------	--	--	-------------------

4.7 3	PEDIATRIC DENTAL GROUP OF Nonpriority Creditor's Name EVERGREEN, CO 30960 STAGECOACH BLVD SUITE 100 EVERGREEN, CO 80439 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify DENTAL SERVICES FOR MINOR CHILD	\$1,200.00
----------	---	--	-------------------

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.7
4

PRESBYTERIAN/ST. LUKES MED CTR

Nonpriority Creditor's Name

PO BOX 740760

CINCINNATI, OH 45274-0760

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5428**

\$1,427.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES FOR MINOR CHILD**

4.7
5

PROCARE SOFTWARE/TSYS

Nonpriority Creditor's Name

1 WEST MAIN STREET, SUITE 201

MEDFORD, OR 97501

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.7
6

PROGRESSIVE INSURANCE

Nonpriority Creditor's Name

PO BOX 31260

TAMPA, FL 33631

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7729**

\$121.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **INSURANCE PREMIUM**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.7 7	PROGRESSIVE LAW GROUP LLC Nonpriority Creditor's Name 1570 OAK AVENUE, SUITE 103 EVANSTON, IL 60201 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$8,053.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LEGAL FEES
----------	---	--

4.7 8	PROGRESSIVE UNIVERSAL INS CO Nonpriority Creditor's Name C/O CREDIT COLLECCTION SERVICES 725 CANTON STREET NORWOOD, MA 02062 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2425 \$222.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify INSURANCE PREMIUM
----------	--	---

4.7 9	PROPERTY DYNAMICS Nonpriority Creditor's Name 55 EAST MONROE STREET CHICAGO, IL 60603 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$300,000.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify LEASE GUARNATEE
----------	---	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.8
0

PROPERTY DYNAMICS LLC

Nonpriority Creditor's Name

SERIES XXXI

3315 ALGONQUIN ROAD

SUITE 600

ROLLING MEADOWS, IL 60008

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$1.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

4.8
1

RGH, LLC

Nonpriority Creditor's Name

17 NORTH STATE STREET

SUITE 1700

CHICAGO, IL 60602

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$1.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

4.8
2

ROLAND PARTNERS LLC

Nonpriority Creditor's Name

66 STRATFORD DRIVE

BLOOMINGDALE, IL 60108

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$1.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.8
3

ROYAL CREDIT UNION

Nonpriority Creditor's Name
**419 NORTH HASTINGS PLACE
EAU CLAIRE, WI 54703**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.8
4

SAAS LLC / MOHMADALI MOMIN

Nonpriority Creditor's Name

**C/O ALI MOMIN
470 IMPERIAL LANE
OAKDALE, MN 55128**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.8
5

SCHUYLER AVE PROPERTIES LLC

Nonpriority Creditor's Name

**270 NORTH SCHUYLER AVENUE
KANKAKEE, IL 60901**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **NOTICE PURPOSES**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.8
6

SCOTT SELCHERT

Nonpriority Creditor's Name

**13113 PELFREY LANE
FAIRFAX, VA 22033**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.8
7

SOUTHTOWN VENTURES LLC

Nonpriority Creditor's Name

**1901 UNION AVENUE
BELVIDERE, IL 61008**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

4.8
8

SOUTHWIND INVESTMENTS II LLC

Nonpriority Creditor's Name

**2250 SOUTHWIND BLVD
BARTLETT, IL 60103**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE PURPOSES**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.8 9	SPENCE PETROS Nonpriority Creditor's Name 2207 STILLING LANE MCHENRY, IL 60050 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$65,000.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PROMISSORY NOTE
----------	--	---

4.9 0	SPENCER GOHRE Nonpriority Creditor's Name 7625 WEST 84TH STREET BLOOMINGTON, MN 55438 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$6,500.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PROMISSORY NOTE
----------	---	--

4.9 1	SPRINT WIRELESS EXPRESS Nonpriority Creditor's Name 3545 GATEWAY DRIVE EAU CLAIRE, WI 54701 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CELLULAR SERVICES
----------	---	--

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.9
2

**SYSCO CORPORATION/CREDITOR
ADJ BUREAU**

Nonpriority Creditor's Name
**C/OLAW OFFICES OF KENNETH J.
FREED
14226 VENTURA BLVD
PO BOX 5914
SHERMAN OAKS, CA 91413**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5998** **\$32,585.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MERCHANDISE**

4.9
3

US BANK

Nonpriority Creditor's Name
**1101 PEARSON DRIVE
HUDSON, WI 54016**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **3058** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.9
4

WEBBANK

Nonpriority Creditor's Name
**215 SOUTH STATE STREET
SUITE 1000
SALT LAKE CITY, UT 84111**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **3665** **\$12,325.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MERCHANDISE**

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.9 5	WI DEVELOPMENT LLC Nonpriority Creditor's Name 2001 TWILITE AVENUE LA CRESCENT, MN 55947 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$443,384.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify GUARANTEE ON MULTIPLE LEASES
----------	--	--

4.9 6	WIBC INC Nonpriority Creditor's Name 3701 WEST WABASH AVENUE SPRINGFIELD, IL 62711 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
----------	--	---

4.9 7	WILSON STREET PLAZA LLC Nonpriority Creditor's Name 505 WEST MAIN STREET ST. CHARLES, IL 60174 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE PURPOSES
----------	--	---

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

4.9
8

XCEL ENERGY

Nonpriority Creditor's Name

**PO BOX 840
DENVER, CO 80201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4844**

\$1,447.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **UTILITY SERVICES**

4.9
9

YASEEN JAFFER

Nonpriority Creditor's Name

**C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE
560
HOUSTON, TX 77074**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.1
00

YELLOWSTONE CAPITAL, LLC

Nonpriority Creditor's Name

**30 BROAD STREET
14TH FLOOR, SUITE 1462
NEW YORK, NY 10004**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$44,427.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **PERSONAL GUARANTEE**

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.77** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Name and Address
ADEL GHAFARI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
ADVANCED RECOVERY GROUP
C/O JESUS SANCHEZ
61-42 186TH STREET, SUITE 450
FRESH MEADOWS, NY 11365

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

CHICAGO, IL 60602

Last 4 digits of account number

Name and Address

**AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ALI FANI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ALI KASHI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**CAROLINA ALCARAZ
RTR RECOVERY, LLC
122 EAST 42ND, SUITE 2112
NEW YORK, NY 10168**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**CLIENT SERVICES INC.
3451 HARRY S TRUMAN BLVD
ST. CHARLES, MO 63301-4047**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.71** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**CROWN ASSET MANAGEMENT LLC
C/O MCCARTHY, BURGESS &
WOLFF
26000 CANNON ROAD
CLEVELAND, OH 44146**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**DEVIN BOX
1764 GABBRO TRAIL
EAGAN, MN 55122**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**DIVERSIFIED ADJUSTMENTS
600 COON RAPIDS BLVD
COON RAPIDS, MN 55433**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.98** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**DORNA TAJKARIMI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

FERIDOON KARAMATPANAH
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

Line **4.9** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
FOROUD SHAREGH
330 SOUTH MICHIGAN AVENUE
CHICAGO, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
FRANK J. JABLONSKI
PROGREESSIVE LAW GROUP, LLC
354 WEST MAIN STREET
MADISON, WI 53703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.77** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
FRANK J. JABLONSKI
PROGREESSIVE LAW GROUP, LLC
354 WEST MAIN STREET
MADISON, WI 53703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
HIGH SPEED CAPITAL
C/O MAX RECOVERY GROUP LLC
55 BROADWAY, 3RD FLOOR
NEW YORK, NY 10006

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.100** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
JOSEPH VEENSTRA
JOHNS, FLAHERTY & COLLINS,
S.C.
205 - 5TH AVENUE SOUTH, SUITE
600
LACROSSE, WI 54601

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.95** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LVNV FUNDING LLC
C/O GLOBAL CREDIT
COLLECTIONS
PO BOX 6130
DEARBORN, MI 48121-6130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.94** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MADHI GFOFRANI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MAHER AMOURA
C/O NADIA AMOURA
20020 MANDERSON CIRCLE
ELKHORN, NE 68022

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MARYAM MANSOURI TEHRANI

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MOHAMED JAFFER
C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE
560
HOUSTON, TX 77074

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.64** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MOJTABA GHOFrani
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MORTEZA KARAMI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NPAS SOLUTIONS, LLC
PO BOX 2248
MARYLAND HEIGHTS, MO
63043-1048

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.74** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SEPIDEH NOEKAH
330 SOUTH MICHIGAN AVENUE
CHICAGO, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SHABNAM ARABPOUR
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.50** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SIAVASH KHOSRAVI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE
1700
CHICAGO, IL 60602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SIMA SABET
9158 LARUEL PLAZA
OMAHA, NE 68134

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SYSCO

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.92** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

2400 COUNTY ROAD J
ST. PAUL, MN 55112

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Name and Address
YASEEN JAFFER
C/O PATEL LAW
7324 SOUTHWEST FREEWAY
SUITE 560
HOUSTON, TX 77074

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.64** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 179,500.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 4,048,181.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 4,227,681.00

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1	BILL MCVEY 1 WEST LAKE VILLAGE COUNCIL BLUFFS, IA 51501	LEASE OF COMMERCIAL REAL ESTATE LOCATED AT 1500 STONEHEDGE, GILBERT, ARIZONA
2.2	CROSSROADS PROPERTY 7300 HUDSON BLVD N SUITE 210 OAKDALE, MN 55128	LEASE OF COMMERCIAL REAL ESTATE LOCATED AT 7300 HUDSON BOULEVARD NORTH, SUITE 290, OAKDALE, MINNESOTA 55128.
2.3	EDRIC MANAGEMENT, INC. 13955 SW 144TH STREET MIAMI, FL 33186	LEASE OF COMMERCIAL REAL ESTATE LOCATED AT 32 - 156TH CASTLE COURT, SUITE 105, EVERGRRN, COLORADO 80439
2.4	RIVERBEND RENTALS & PROPERTY MGMT 2601 MORNINGSIDE DRIVE EAU CLAIRE, WI 54703	LEASE OF RESIDENTIAL PROPERTY LOCATED AT 1824 SHERWOOD BOULEVARD, EAU CLAIRE, WISCONSIN 54703

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1 **LITTLE MINDS LEARNING CENTER**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.92**
☐ Schedule G _____
SYSCO CORPORATION/CREDITOR ADJ BUREAU

3.2 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.64**
☐ Schedule G _____
MM EDUCATION, LLC

3.3 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
ARSHIDA LLC

Debtor 1 **TODD ALLEN BARNHARDT**
STACY RENE BARNHARDT

Case number (if known) **1-19-13897**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.81**
☐ Schedule G _____
RGH, LLC

3.5 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.49**
☐ Schedule G _____
KU LLC

3.6 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.48**
☐ Schedule G _____
KIA & KAT, LLC

3.7 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.46**
☐ Schedule G _____
JASMINROSE LLC

3.8 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.31**
☐ Schedule G _____
DORNA TJ, LLC

3.9 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
AYLIN & RAMTIN LLC

3.10 **LMLC FRANCHISING LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.9**
☐ Schedule G _____
ARIAN LLC

3.11 **LMLC HOLDINGS, INC.**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.77**
☐ Schedule G _____
PROGRESSIVE LAW GROUP LLC

Debtor 1 **TODD ALLEN BARNHARDT**
STACY RENE BARNHARDT

Case number (if known) **1-19-13897**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.12 **LMLC HOLDINGS, INC.**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.10**
☐ Schedule G _____
ARION, L.L.C.

3.13 **LMLC HOLDINGS, INC.**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.63**
☐ Schedule G _____
MEDHI SABET

3.14 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
ARSHIDA LLC

3.15 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.81**
☐ Schedule G _____
RGH, LLC

3.16 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.49**
☐ Schedule G _____
KU LLC

3.17 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.48**
☐ Schedule G _____
KIA & KAT, LLC

3.18 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.46**
☐ Schedule G _____
JASMINROSE LLC

3.19 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.31**
☐ Schedule G _____
DORNA TJ, LLC

Debtor 1 **TODD ALLEN BARNHARDT**
STACY RENE BARNHARDT

Case number (if known) **1-19-13897**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.20 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
AYLIN & RAMTIN LLC

3.21 **LMLC MANAGEMENT LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.9**
☐ Schedule G _____
ARIAN LLC

3.22 **LMLC MANAGEMENT, LLC**
PO BOX 1372
EAU CLAIRE, WI 54702

☐ Schedule D, line _____
☒ Schedule E/F, line **4.64**
☐ Schedule G _____
MM EDUCATION, LLC

3.23 **NOUSHA SABET**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.64**
☐ Schedule G _____
MM EDUCATION, LLC

Fill in this information to identify your case:

Debtor 1 TODD ALLEN BARNHARDT

Debtor 2 STACY RENE BARNHARDT
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF WISCONSIN

Case number 1-19-13897
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

ADMINISTRATIVE ASSISTANT

HOPE GOSPEL MISSION

2511 WEST MOHOLDT DRIVE
EAU CLAIRE, WI 54703

2 MONTHS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00 \$ 1,802.45

3. +\$ 0.00 +\$ 0.00

4. \$ 0.00 \$ 1,802.45

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 1,802.45
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 155.35
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 155.35
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 1,647.10
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 0.00 + \$ 1,647.10	= \$ 1,647.10
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	1,647.10
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 TODD ALLEN BARNHARDT

Debtor 2 STACY RENE BARNHARDT
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF WISCONSIN

Case number 1-19-13897
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

SON

9

☐ No

☒ Yes

DAUGHTER

11

☐ No

☒ Yes

DAUGHTER

13

☐ No

☒ Yes

DAUGHTER

16

☐ No

☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,550.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	300.00						
6b. Water, sewer, garbage collection	6b. \$	100.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	300.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	700.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	100.00						
10. Personal care products and services	10. \$	100.00						
11. Medical and dental expenses	11. \$	0.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	200.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	300.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	0.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	258.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____								
16. \$		0.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	0.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: 2015 CHEVROLET SUBBURBAN (ENDS 12/2021)	17c. \$	882.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
18. \$		0.00						
19. Other payments you make to support others who do not live with you.								
19. \$		0.00						
Specify: _____								
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: ???	21. +\$	50.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>4,840.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>4,840.00</td> </tr> </table> </div>		\$	4,840.00	\$		\$	4,840.00
\$			4,840.00					
\$								
\$	4,840.00							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	1,647.10						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	4,840.00						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-3,192.90						
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. 								

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF WISCONSIN

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ TODD ALLEN BARNHARDT
TODD ALLEN BARNHARDT
Signature of Debtor 1

Date December 4, 2019

X /s/ STACY RENE BARNHARDT
STACY RENE BARNHARDT
Signature of Debtor 2

Date December 4, 2019

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

**2190 TORREY PINE DRIVE
EVERGREEN, CO 80439**

**Dates Debtor 1
lived there**

From-To:
**AUGUST 2016 -
JUNE 2019**

Debtor 2 Prior Address:

☒ Same as Debtor 1

**Dates Debtor 2
lived there**

☒ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and
exclusions)

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions
and exclusions)

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$101,677.50	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,587.90
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$198,870.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,000.20
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$5,700.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$2,307.70

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**Case number (if known) **1-19-13897**

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
DWD V. TODD BARNHARDT 2019WC000017	WORKER'S COMPENSATION	ST. CROIX COUNTY CIRCUIT COURT HUDSON, WI	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
DWD V. TODD BARNHARDT 2019WC000008	WORKER'S COMPENSATION	PIERCE COUNTY CIRCUIT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
PROPERTY DYNAMICS, LLC SERIES XXXI V. KU, LLC, ET AL. 2019FJ000005	FOREIGN JUDGMENT	EAU CLAIRE COUNTY CIRCUIT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
WI DEVELOPMENT, LLC V. TODD BARNHARDT, ET AL. 2019TJ000067	TRANSCRIPT OF JUDGMENT	EAU CLAIRE COUNTY CIRCUIT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
DEPT. OF WORKFORCE DEVELOPMENT V. TODD BARNHARDT 2019UC000060	UNEMPLOYMENT CLAIM	LA CROSSE COUNTY CIRCUIT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
DEPT. OF WORKFORCE DEVELOPMENT V. TODD BARNHARDT 2019UC000029	UNEMPLOYMENT CLAIM	ST. CROIX COUNTY CIRCUIT COURT HUDSON, WI	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Case title Case number	Nature of the case	Court or agency	Status of the case
DEPT. OR WORKFORCE DEVELOPMENT V. TODD BARNHARDT 2019UC000025	UNEMPLOYMENT CLAIM	ST. CROIX COUNTY CIRCUIT COURT HUDSON, WI	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
DEPT. OF WORKFORCE DEVELOPMENT V. TODD BARNHARDT 2019UC000011	UNEMPLOYMENT CLAIM	PIRCE COUNTY CIRCUIT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JOSIE MARIE BROTH V. TODD ALLEN BARNHARDT 2019SC000502	CIVIL	ST. CROIX COUNTY CIRCUIT COURT HUDSON, WI	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
CHARITY L. PURFEERST V. TODD BARNHARDT 2019SC000445	CIVIL	ST. CROIX COUNTY CIRCUIT COURT HUDSON, WI	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
WI DEVELOPMENT, LLC V. LITTLE MINDS LEARNING CENTER - RIVER FALLS, LLC, ET AL. 2019SC000308	CIVIL	ST. CROIX COUNTY CIRCUIT COURT HUDSON, WI	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
JOHN DOE AND ARIAN LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03399	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JOHN DOE AND ARDHIDA, LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03402	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JANE DOE AND DORNA TJ, LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03404	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JOHN DOE AND KIA & KAT, LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03407	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Case title Case number	Nature of the case	Court or agency	Status of the case
JOHN DOE AND KU, LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03456	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JOHN DOE AND JASMINROSE, LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03406	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JOHN DOE AND RGH, LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, MR. TODD BARNHARDT AND TODD BARNHARDT 2019CV03528	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
MM EDUCATION LLC V. LMLC FRANCHISING, LLC, LMLC MANAGEMENT, LLC, AND MR. TODD BARNHARDT 2019CV00824	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
ARIAN, LLC ET AL V. BARNHARDT ET AL 1:2019CV03399	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
AYLIN & RAMTIN, LLC ET AL V. BARNHARDT ET AL 1:2019CV03402	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
DORNA TJ, LLC ET AL V. BARNHARDT ET AL 1:2019CV03404	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
JASMINROSE, LLC ET AL V. BARNHARDT ET AL. 1:2019CV03406	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
KIA & KAT, LLC ET AL V. BARNHARDT ET AL 1:2019CV03407	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
KU, LLC ET AL V. BARNHARDT ET AL 1:2019CV03456	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Case title Case number	Nature of the case	Court or agency	Status of the case
RGH, LLC ET AL V. BARNHARDT ET AL. 1:2019CV03528	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
ARSHIDA, LLC ET AL V. BARNHARDT ET AL 1:2019CV06694	CIVIL	ILLINOIS NORTHERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
ARION, L.L.C. V. LMLC HOLDINGS, INC. ET AL 3:2019CV01053	CIVIL	WISCONSIN WESTERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
MM EDUCATION LLC ET AL V. BARNHARDT, TODD ET AL 3:2019CV00824	CIVIL	WISCONSIN WESTERN DISTRICT COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902	JOINT DEBTOR'S CHECKING ACCOUNT AT ROYAL CREDIT UNION, ACCT. 9309 <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input checked="" type="checkbox"/> Property was attached, seized or levied.	09/30/2019	\$650.25
WI DEPT OF WORKFORCE DEVELOP UNEMPLOYMENT INSURANCE COLLECTIONS - TAX PO BOX 8914 MADISON, WI 53708	DEBTORS CHECKING ACCOUNT AT ROYAL CREDIT UNION, ACCT. 5224 - 08/02/2019 - \$237.11; JOINT DEBTOR'S CHECKING ACCOUNT AT ROYAL CREDIT UNION, ACCT. 9309 - 08/02/2019 - \$189.88; AND DEBTORS' DAUGHTER'S ACCOUNT AT ROYAL CREDIT UNION, ACCT. 9432 - 08/02/2019 - \$1,100.00 <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input checked="" type="checkbox"/> Property was attached, seized or levied.	08/02/2019	\$1,526.99

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

DUDLEY AND SMITH, P.A.
101 EAST FIFTH STREET
SUITE 2602
ST. PAUL, MN 55101

LEGAL SERVICES

\$5,335.00

MEDHI SABET
2820 SOUTH CYPRESS STREET
SIOUX CITY, IA 51106

\$995.00

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
DUDLEY AND SMITH, P.A. 101 EAST FIFTH STREET SUITE 2602 ST. PAUL, MN 55101	LEGAL SERVICES REGARDING WI DEVELOPMENT, LLC CASE	08/29/2019	\$2,500.00

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you STACY R. BARNHARDT 1824 SHERWOOD BOULEVARD EAU CLAIRE, WI 54703 SPOUSE	TRANSFER FROM TODD A. BARNHARDT TO STACY R. BARNHARDT - 2010 JEEP WRANGLER - \$10,500.00	NONE	07/2019

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
LMLC HOLDINGS, INC. PO BOX 1372 EAU CLAIRE, WI 54702	HOLDING CORPORATION	EIN: 45-2636906 From-To 2012 - 2019
OKOCA SOLUTIONS, LLC	CONSULTING	EIN: From-To 2009 - 2015
SCONNIES, LLC	RETAIL	EIN: From-To 2019
LMLC MANAGEMENT LLC PO BOX 1372 EAU CLAIRE, WI 54702	MANAGEMENT COMPANY	EIN: 36-4808247 From-To 2015-2019
LMLC FRANCHISING LLC PO BOX 1372 EAU CLAIRE, WI 54702	FRANCHISOR	EIN: 35-2531383 From-To 2015-2019
LITTLE MINDS LEARNING CENTER, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 26-2013616 From-To 2008-2019
LITTLE MINDS LEARNING CENTER - RIVER FALLS, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 27-4434316 From-To 2011-2019
LITTLE MINDS LEARNING CENTER - WOODBURY LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 46-0767874 From-To 2013-2017
LITTLE MINDS LEARNING CENTER - HOLMEN, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 30-0841533 From-To 2012-2018
LITTLE MINDS LEARNING CENTER - LITTLETON, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 46-0589456 From-To 2012-2018

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
LITTLE MINDS LEARNING CENTER - ONALASKA, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 45-2636906 From-To 2011-2018
LITTLE MINDS LEARNING CENTER - OMAHA, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 37-1779418 From-To 2014-2018
LITTLE MINDS LEARNING CENTER - CHICAGO, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 36-4808496 From-To 2016
LITTLE MINDS LEARNING CENTER - GILBERT, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: 45-3579266 From-To 2011-2013
LITTLE MINDS LEARNING CENTER - RALSTON, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128	DAYCARE FACILITY	EIN: From-To
LITTLE MINDS LEARNING CENTER AND DEVELOPMENT, LLC 1099 HELMO AVENUE, SUITE 230 OAKDALE, MN 55128		EIN: From-To

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☒ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
WI DEVELOPMENT LLC 200 TWILITE AVENUE LA CRESCENT, MN 55947	2019

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ TODD ALLEN BARNHARDT

TODD ALLEN BARNHARDT
Signature of Debtor 1

/s/ STACY RENE BARNHARDT

STACY RENE BARNHARDT
Signature of Debtor 2

Date December 4, 2019

Date December 4, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **TODD ALLEN BARNHARDT**
First Name Middle Name Last Name

Debtor 2 **STACY RENE BARNHARDT**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**

Case number **1-19-13897**
(if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: GM FINANCIAL	<input checked="" type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2015 CHEVROLET SUBURBAN LS SPORT UTILITY 145,000 miles (VIN: 1GNSKHEC1FR250475)(KELLEY BLUE BOOK PRIVATE PARTY VALUE, FAIR CONDITION)	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: BILL MCVEY	<input checked="" type="checkbox"/> No
Description of leased: LEASE OF COMMERCIAL REAL ESTATE LOCATED AT 1500	<input type="checkbox"/> Yes

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Property: **STONEHEDGE, GILBERT, ARIZONA**

Lessor's name: **CROSSROADS PROPERTY**

☐ No

☒ Yes

Description of leased Property: **LEASE OF COMMERCIAL REAL ESTATE LOCATED AT 7300 HUDSON BOULEVARD NORTH, SUITE 290, OAKDALE, MINNESOTA 55128.**

Lessor's name: **EDRIC MANAGEMENT, INC.**

☒ No

☐ Yes

Description of leased Property: **LEASE OF COMMERCIAL REAL ESTATE LOCATED AT 32 - 156TH CASTLE COURT, SUITE 105, EVERGRN, COLORADO 80439**

Lessor's name: **RIVERBEND RENTALS & PROPERTY MGMT**

☐ No

☒ Yes

Description of leased Property: **LEASE OF RESIDENTIAL PROPERTY LOCATED AT 1824 SHERWOOD BOULEVARD, EAU CLAIRE, WISCONSIN 54703**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ TODD ALLEN BARNHARDT
TODD ALLEN BARNHARDT
Signature of Debtor 1

X /s/ STACY RENE BARNHARDT
STACY RENE BARNHARDT
Signature of Debtor 2

Date **December 4, 2019**

Date **December 4, 2019**

Fill in this information to identify your case:

Debtor 1 TODD ALLEN BARNHARDT
 Debtor 2 STACY RENE BARNHARDT
 (Spouse, if filing)
 United States Bankruptcy Court for the: Western District of Wisconsin
 Case number 1-19-13897
 (if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.
- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 9,500.00	\$ 614.14
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

TODD ALLEN BARNHARDT
STACY RENE BARNHARDT

Case number (if known)

1-19-13897

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
.....	\$ 0.00	\$ 0.00
.....	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 9,500.00	+ \$ 614.14 = \$ 10,114.14
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ **10,114.14**

Multiply by 12 (the number of months in a year) x 12

12b. The result is your annual income for this part of the form 12b. \$ **121,369.68**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. **WI**

Fill in the number of people in your household. **6**

Fill in the median family income for your state and size of household. 13. \$ **116,317.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ TODD ALLEN BARNHARDT
TODD ALLEN BARNHARDT
Signature of Debtor 1

X /s/ STACY RENE BARNHARDT
STACY RENE BARNHARDT
Signature of Debtor 2

Debtor 1 **TODD ALLEN BARNHARDT**
Debtor 2 **STACY RENE BARNHARDT**

Case number (if known) **1-19-13897**

Date **December 4, 2019**
MM / DD / YYYY

Date **December 4, 2019**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 TODD ALLEN BARNHARDT
First Name Middle Name Last Name

Debtor 2 STACY RENE BARNHARDT
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Wisconsin

Case number 1-19-13897
(If known)

☐ Check if this is an amended filing

Official Form 122A—1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Wisconsin

In re **TODD ALLEN BARNHARDT**
STACY RENE BARNHARDT

Debtor(s)

Case No. **1-19-13897**
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	5,003.00
Prior to the filing of this statement I have received	\$	5,003.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **MEDHI SABET - \$995.00; DEBTOR - \$4,343.00**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or adversary proceeding; or other contested matter.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 4, 2019

Date

/s/ STEVEN C. OPHEIM

STEVEN C. OPHEIM

Signature of Attorney

DUDLEY AND SMITH, P.A.

101 EAST FIFTH STREET

SUITE 2602

ST. PAUL, MN 55101

651-291-1717 Fax: 651-223-5055

sopheim@dudleyandsmith.com

Name of law firm

**United States Bankruptcy Court
Western District of Wisconsin**

In re **TODD ALLEN BARNHARDT
STACY RENE BARNHARDT**

Debtor(s)

Case No. **1-19-13897**
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **December 4, 2019**

/s/ TODD ALLEN BARNHARDT

TODD ALLEN BARNHARDT

Signature of Debtor

Date: **December 4, 2019**

/s/ STACY RENE BARNHARDT

STACY RENE BARNHARDT

Signature of Debtor

2000 LIVING TRUST
225 SOUTH MAIN STREET
SUITE 200
DECATUR, IL 62523

4A LLC
2260 SOUTHWIND BLVD
BARTLETT, IL 60103

ACME EYELET & STAMPING CO.
1130 LAKE COOK ROAD
SUITE 280
BUFFALO GROVE, IL 60089

ADAM EDWARD URBANCZYK
AU, LLC
564 WEST RANDOLPH STREET
2ND FLOOR
CHICAGO, IL 60661

ADEL GHAFARI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

ADP
8100 OLD CEDAR AVENUE SOUTH
BLOOMINGTON, MN 55425

ADVANCED RECOVERY GROUP
C/O JESUS SANCHEZ
61-42 186TH STREET, SUITE 450
FRESH MEADOWS, NY 11365

ADVANT LLC
Acct No 3665
PO BOX 9183380
CHICAGO, IL 60691

AHMED ESSAM AMMAR
KAMELI LAW GROUP, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

ALI FANI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

ALI KASHI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

ALLTRAN COLLECTIONS
Acct No 0624
PO BOX 519
SAUK RAPIDS, MN 56379

AMAA LLC / MOHMADALI MOMIN
C/O ALI MOMIN, ET AL.
470 IMPERIAL LANE
OAKDALE, MN 55128

ANNE LARSON REAL ESTATE LLC
SERIES 4314 SHERIDAN ROAD
2506 GALEN DRIVE
SUITE 101
CHAMPAIGN, IL 61820

ARIAN LLC
C/O FERIDOON KARAMATPANAH
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

ARION, L.L.C.
C/O DAVID C. HURST
BRUGGEMAN HURST & ASSOC, PC
20012 WOLF ROAD, SUITE 200
MOKENA, IL 60448

ARSHIDA LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

ASSOCIATED BANK
433 MAIN STREET
GREEN BAY, WI 54301

AYLIN & RAMTIN LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

BANK OF THE WEST
Acct No 5054
C/O MS SERVICES, LLC
123 WEST 1ST STREET, SUITE 430
CASPER, WY 82601

BANK OF THE WEST
3779 EVERGREEN PARKWAY
EVERGREEN, CO 80439

BB MAC
1 WEST LAKE VILLAGE
COUNCIL BLUFFS, IA 51501

BILL MCVEY
1 WEST LAKE VILLAGE
COUNCIL BLUFFS, IA 51501

BUY SELL ACTION LLC
4509 NORTH ILLINOIS STREET
SUITE 1
SWANSEA, IL 62226

CAPCALL, LLC
122 EAST 42ND STREET
SUITE 2112
NEW YORK, NY 10168

CAPELLA UNIVERSITY
Acct No 3058
225 SOUTH 6TH STREET
MINNEAPOLIS, MN 55402

CAPITAL ONE SERVICES, LLC
Acct No 6224
PO BOX 70886
CHARLOTTE, NC 28272-9903

CAPITAL ONE, N.A.
Acct No 3649
PO BOX 71083
CHARLOTTE, NC 28272-1083

CAPITAL ONE, N.A.
Acct No 3918
PO BOX 71083
CHARLOTTE, NC 28272-1083

CARECREDIT / SYNCHRONY BANK
Acct No 4905
PO BOX 960061
ORLANDO, FL 32896-0061

CAROLINA ALCARAZ
RTR RECOVERY, LLC
122 EAST 42ND, SUITE 2112
NEW YORK, NY 10168

CENTURA KEYSTONE PARENT
Acct No 7731
C/O BC SERVICES, INC.
PO BOX 1317
LONGMONT, CO 80502-1317

CHARITY L. PURFEERST
252 SOUTH APOLLO ROAD
RIVER FALLS, WI 54022

CLIENT SERVICES INC.
Acct No 9626
3451 HARRY S TRUMAN BLVD
ST. CHARLES, MO 63301-4047

COLORADO DEPARTMENT OF
WORKFORCE UNEMPLOYMENT INS
251 EAST 12TH AVENUE
DENVER, CO 80203

COLORADO DEPARTMENT OF LABOR
633 - 17TH STREET, SUITE 201
DENVER, CO 80202

COLORADO DEPARTMENT OF REVENUE
1881 PIERCE STREET
DENVER, CO 80214

COMCAST
Acct No 8989
ONE COMCAST CENTER
PHILADELPHIA, PA 19103

CORITA SCHILLING
1604 LYNN AVENUE
ALTOONA, WI 54702

CROSSROADS PROPERTY
7300 HUDSON BLVD N
SUITE 210
OAKDALE, MN 55128

CROWN ASSET MANAGEMENT LLC
Acct No 9206
C/O MCCARTHY, BURGESS & WOLFF
26000 CANNON ROAD
CLEVELAND, OH 44146

DEVIN BOX
1639 MURPHY PARKWAY
EAGAN, MN 55122

DEVIN BOX
1764 GABBRO TRAIL
EAGAN, MN 55122

DIVERSIFIED ADJUSTMENTS
Acct No 4844
600 COON RAPIDS BLVD
COON RAPIDS, MN 55433

DORNA TAJKARIMI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

DORNA TJ, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

EDRIC MANAGEMENT, INC.
13955 SW 144TH STREET
MIAMI, FL 33186

FERIDOON KARAMATPANAH
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

FOROUD SHAREGH
330 SOUTH MICHIGAN AVENUE
CHICAGO, IL 60604

FORWARD FINANCING
C/O DEDICATED COMMERCIAL RECOVERY
1970 OAKCREST AVENUE, SUITE 217
ROSEVILLE, MN 55113

FRANK J. JABLONSKI
PROGREESSIVE LAW GROUP, LLC
354 WEST MAIN STREET
MADISON, WI 53703

FRIDH CORPORATION
1111 S ALPINE ROAD
SUITE 101
ROCKFORD, IL 61108

GENESIS FS CARD SERVICES
Acct No 3299
PO BOX 4477
BEAVERTON, OR 97076-4477

GENWORTH LIFE AND ANNUITY
Acct No 5635
PO BOX 10720
LYNCHBURG, VA 24506-0720

GM FINANCIAL
Acct No 8175
PO BOX 78143
PHOENIX, AZ 85062-8143

GREAT LAKES
Acct No 6131
PO BOX 7860
MADISON, WI 53707-7860

GREAT LAKES
Acct No 3058
PO BOX 7860
MADISON, WI 53707-7860

GREEN STREET REALY CO INC.
510 SOUTH NIEL STREET
CHAMGAIGN, IL 61820

GUSTO
525 - 20TH STREET
SAN FRANCISCO, CA 94107

HIGH SPEED CAPITAL
C/O MAX RECOVERY GROUP LLC
55 BROADWAY, 3RD FLOOR
NEW YORK, NY 10006

IBEX FUNDING GROUP LLC
323 KINGSTON AVENUE
BROOKLYN, NY 11213

ILLINOIS DEPARTMENT OF
WORKFORCE UNEMPLOYMENT INS
2 SMOKETREE PLAZA
NORTH AURORA, IL 60542

ILLINOIS DEPARTMENT OF LABOR
160 NORTH LASALLE BOULEVARD
CHICAGO, IL 60601

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD, IL 62794-9035

INDIANA DEPARTMENT OF REVENUE
PO BOX 7222
INDIANAPOLIS, IN 46207-7222

INDIANA DEPT OF ECONOMIC SEC
10 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204

INDIGO
Acct No 3200
PO BOX 23039
COLUMBUS, GA 31902

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

INTUIT QUICKBOOKS
2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

JAMES & ANNIE LLC
2615 SOUTH EMERALD AVE
APT 3F
CHICAGO, IL 60616

JASMINROSE LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

JOSEPH VEENSTRA
JOHNS, FLAHERTY & COLLINS, S.C.
205 - 5TH AVENUE SOUTH, SUITE 600
LACROSSE, WI 54601

JOSIE MARIE BROTH
1394 EVERGREEN DRIVE
RIVER FALLS, WI 54022

KIA & KAT, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

KU LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

LITTLE LINDS LEARNING CENTER -
ROCKFORD NORTH, LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

LITTLE MINDS LEARNING CENTER -
NAPERVILLE, LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

LITTLE MINDS LEARNING CENTER -
NORTH CHICAGO, LLC
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

LITTLE MINDS LEARNING CENTER
PO BOX 1372
EAU CLAIRE, WI 54702

LITTLE MINDS LEARNING CENTER-ONALASKA
LLC/MOHMADALI MOMIN
C/O ALI MOMIN, ET AL.
470 IMPERIAL LANE
OAKDALE, MN 55128

LMLC FRANCHISING LLC
PO BOX 1372
EAU CLAIRE, WI 54702

LMLC HOLDINGS, INC.
PO BOX 1372
EAU CLAIRE, WI 54702

LMLC MANAGEMENT LLC
PO BOX 1372
EAU CLAIRE, WI 54702

LMLC MANAGEMENT, LLC
PO BOX 1372
EAU CLAIRE, WI 54702

LMLC NAPERVILLE LLC
NORTHSTAR COMMERCIAL PARTNERS
1999 BROADWAY
SUITE 3500
DENVER, CO 80202

LMLC NORTH CHICAGO LLC
NORTHSTAR COMMERCIAL PARTNERS
1999 BROADWAY
SUITE 3500
DENVER, CO 80202

LMLC OF TEXAS, LLC
C/O STEVE WU
1717 MORNING GLORY DRIVE
CORINTH, TX 76210

LMLC ROCKFORD LLC
NORTHSTAR COMMERCIAL PARTNERS
1999 BROADWAY
SUITE 3500
DENVER, CO 80202

LOIS THOMAS
813 GREY FAWN DRIVE
OMAHA, NE 68154

LVNV FUNDING LLC
Acct No 3665
C/O GLOBAL CREDIT COLLECTIONS
PO BOX 6130
DEARBORN, MI 48121-6130

MADHI GFOFRANI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

MAHER AMOURA
C/O NADIA AMOURA
20020 MANDERSON CIRCLE
ELKHORN, NE 68022

MAIN AND VETERANS LLC
1716 R.T. DUNN DRIVE
SUITE 4
BLOOMINGTON, IL 61701

MALCOM STRANGE DDS
30960 STAGECOACH BLVD, SUITE W-100
EVERGREEN, CO 80439

MARENGO AMBULANCE
Acct No 1438
970 COURT AVENUE
MARENGO, IA 52301

MARYAM MANSOURI TEHRANI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

MASOUD SABET
9158 LARUEL PLAZA
OMAHA, NE 68134

MEDHI SABET
9158 LARUEL PLAZA
OMAHA, NE 68134

MINNESOTA DEPARTMENT OF LABOR
443 LAFAYETTE ROAD
ST. PAUL, MN 55155

MINNESOTA REVENUE
PO BOX 64054
ST. PAUL, MN 55164-0054

MM EDUCATION, LLC
C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE 560
HOUSTON, TX 77074

MN DEPARTMENT OF WORKFORCE
DEVELOPMENT UNEMPLOYMENT INS
332 MINNESOTA STREET
SUITE E200
ST. PAUL, MN 55101

MOHAMED JAFFER
C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE 560
HOUSTON, TX 77074

MOHAMMED RAEOUFF
MAPLEWOOD LANE
AURORA, CO 80015

MOJTABA GHOFrani
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

MORTEZA KARAMI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

NADIA LLC / NADIA AMOURA
20020 MANDERSON CIRCLE
ELKHORN, NE 68022

NEBRASKA DEPARTMENT OF LABOR
550 SOUTH 16TH STREET
LINCOLN, NE 68508

NEBRASKA DEPARTMENT OF REVENUE
1313 FARNAM STREET
SUITE 10
OMAHA, NE 68102

NEBRASKA DEPT OF UNEMPLOYMENT
550 SOUTH 16TH STREET
LINCOLN, NE 68508

NOUSHA SABET
9158 LAUREL PLAZA
OMAHA, NE 68134

NOUSHA SABET

NPAS SOLUTIONS, LLC
Acct No 5428
PO BOX 2248
MARYLAND HEIGHTS, MO 63043-1048

ONEMAIN FINANCIAL
Acct No 8722
PO BOX 64
EVANSVILLE, IN 47701-0064

PAYPAL / SYNCHRONY BANK
Acct No 9206
PO BOX 960006
ORLANDO, FL 32896-0006

PAYPAL / SYNCHRONY BANK
Acct No 9626
PO BOX 960006
ORLANDO, FL 32896-0006

PAYPAL / SYNCHRONY BANK
Acct No 9215
PO BOX 960006
ORLANDO, FL 32896-0006

PEDIATRIC DENTAL GROUP OF
EVERGREEN, CO
30960 STAGECOACH BLVD
SUITE 100
EVERGREEN, CO 80439

PRESBYTERIAN/ST. LUKES MED CTR
Acct No 5428
PO BOX 740760
CINCINNATI, OH 45274-0760

PROCARE SOFTWARE/TSYS
1 WEST MAIN STREET, SUITE 201
MEDFORD, OR 97501

PROGRESSIVE INSURANCE
Acct No 7729
PO BOX 31260
TAMPA, FL 33631

PROGRESSIVE LAW GROUP LLC
1570 OAK AVENUE, SUITE 103
EVANSTON, IL 60201

PROGRESSIVE UNIVERSAL INS CO
Acct No 2425
C/O CREDIT COLLECCTION SERVICES
725 CANTON STREET
NORWOOD, MA 02062

PROPERTY DYNAMICS
55 EAST MONROE STREET
CHICAGO, IL 60603

PROPERTY DYNAMICS LLC
SERIES XXXI
3315 ALGONQUIN ROAD
SUITE 600
ROLLING MEADOWS, IL 60008

RGH, LLC
17 NORTH STATE STREET
SUITE 1700
CHICAGO, IL 60602

RIVERBEND RENTALS & PROPERTY MGMT
2601 MORNINGSIDE DRIVE
EAU CLAIRE, WI 54703

ROLAND PARTNERS LLC
66 STRATFORD DRIVE
BLOOMINGDALE, IL 60108

ROYAL CREDIT UNION
419 NORTH HASTINGS PLACE
EAU CLAIRE, WI 54703

SAAS LLC / MOHMADALI MOMIN
C/O ALI MOMIN
470 IMPERIAL LANE
OAKDALE, MN 55128

SCHUYLER AVE PROPERTIES LLC
270 NORTH SCHUYLER AVENUE
KANKAKEE, IL 60901

SCOTT SELCHERT
13113 PELFREY LANE
FAIRFAX, VA 22033

SEPIDEH NOEKAH
330 SOUTH MICHIGAN AVENUE
CHICAGO, IL 60604

SHABNAM ARABPOUR
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

SIAVASH KHOSRAVI
C/O KAMELI LAW
17 NORTH STATE STREET, SUITE 1700
CHICAGO, IL 60602

SIMA SABET
9158 LARUEL PLAZA
OMAHA, NE 68134

SOUTHTOWN VENTURES LLC
1901 UNION AVENUE
BELVIDERE, IL 61008

SOUTHWIND INVESTMENTS II LLC
2250 SOUTHWIND BLVD
BARTLETT, IL 60103

SPENCE PETROS
2207 STILLING LANE
MCHENRY, IL 60050

SPENCER GOHRE
7625 WEST 84TH STREET
BLOOMINGTON, MN 55438

SPRINT WIRELESS EXPRESS
3545 GATEWAY DRIVE
EAU CLAIRE, WI 54701

SYSCO
Acct No 5998
2400 COUNTY ROAD J
ST. PAUL, MN 55112

SYSCO CORPORATION/CREDITOR ADJ BUREAU
Acct No 5998
C/OLAW OFFICES OF KENNETH J. FREED
14226 VENTURA BLVD
PO BOX 5914
SHERMAN OAKS, CA 91413

TAHER KAMELI
KAMELI & ASSOCIATES, PC
1319 SOUTH STATE STREET
SUITE C-2
CHICAGO, IL 60605

US BANK
Acct No 3058
1101 PEARSON DRIVE
HUDSON, WI 54016

US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE
WASHINGTON, DC 20210

WEBBANK
Acct No 3665
215 SOUTH STATE STREET
SUITE 1000
SALT LAKE CITY, UT 84111

WI DEPARTMENT OF LABOR
201 EAST WASHINGTON AVENUE
SUITE A300
MADISON, WI 53703

WI DEPT OF WORKFORCE DEVELOP
UNEMPLOYMENT INSURANCE
COLLECTIONS - TAX
PO BOX 8914
MADISON, WI 53708

WI DEVELOPMENT LLC
2001 TWILITE AVENUE
LA CRESCENT, MN 55947

WIBC INC
3701 WEST WABASH AVENUE
SPRINGFIELD, IL 62711

WILSON STREET PLAZA LLC
505 WEST MAIN STREET
ST. CHARLES, IL 60174

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8966
MADISON, WI 53708-8966

XCEL ENERGY
Acct No 4844
PO BOX 840
DENVER, CO 80201

YASEEN JAFFER
C/O PIMAL PATEL
PATEL PC
7324 SOUTHWEST FREEWAY, STE 560
HOUSTON, TX 77074

YASEEN JAFFER
C/O PATEL LAW
7324 SOUTHWEST FREEWAY
SUITE 560
HOUSTON, TX 77074

YELLOWSTONE CAPITAL, LLC
30 BROAD STREET
14TH FLOOR, SUITE 1462
NEW YORK, NY 10004